



The Skeptical OB Dr. Amy

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Questions for The Feminist Breeder



Gina Crosley-Corcoran, The Feminist Breeder, has reached a [milestone](#) of sorts. After 2 ½ years working as a doula, she has now attended 20 births.

I've had the opportunity to watch nearly two dozen women become mothers, either for the first or the fifth time, and it is always a transformative experience. I'm not only honored to be there for them, but I'm also very good at it. I'm never happier than when I'm with my clients.

But attending these births has certainly changed my perspective on maternity care, providers, settings, and safety.

What has changed? Among other things:

A few years ago, I honestly felt that obstetricians couldn't be trusted, that midwives were always practicing evidence-based medicine, and that all doulas were 100% supportive of a mother's choices. Well, color me corrected. My assumptions here have been challenged enough to say that I was wrong...

And:

I do not recommend or advocate for Free Birth... The scariest scenarios I've seen involved a severe postpartum hemorrhage. I held these new mothers' hands while blood poured out of their birth canal like spicket [sic]. All cases were after a completely natural birth and could not have been predicted...

As well as:

Inductions are sometimes necessary, and can be quite beautiful ...

In only 20 births some of Gina's most cherished assumptions about obstetricians, about complications and about inductions have been changed. Why? She gained what she did not have before: experience.

She's hardly the first to find that when it comes to caring for patients, there is no substitute for experience. More than four years ago, I quoted Barbara Herrera, [Navelgazing Midwife](#), on this topic.

It always annoyed me when I, as a doula or childbirth educator, would be told, "You just haven't seen enough" when I believed complications were more created than something random. And yet, here I am, many years and many birth experiences later, saying that very thing to women-midwives and natural birth advocates alike who insist it is the provider that creates the difficulties and if left alone, birth would be perfect.

It's not true.

You know how sometimes you hear your mother's voice coming out of your mouth? Saying those phrases you swore you'd never say? It is like that.

"You just haven't seen enough." "The odds aren't great, but when you are that 1% it is 100% to you." "The important thing is a healthy mother, a healthy baby." I don't always say such phrases, at least that callously and angrily, but I sure do believe them.

Now that Gina has learned from experience, I have some questions for her, and anyone else who considers herself a "birth activist."

1. I, too, learned from the first 20 births that I saw, although they occurred during the first week of my obstetric training, not over 2 ½ years. I learned more from the second 20 births, and the third, and the fourth, adding up to hundreds over the course of my training. So Gina, since you've already learned so much from 20 births, how much do you think I learned from nearly 50 times as many?

2. You acknowledge that before your experience, you didn't know that many things that you believed were wrong. Since your experience is still miniscule, has it occurred to you that a lot of what you STILL believe is wrong?

3. You write:

I haven't yet seen a complication in a hospital that could not have been either avoided or handled by a skilled, trained, and equipped homebirth attendant.

Isn't the reason for that more likely to be that you have only seen a miniscule number of births, not that serious complications are exceedingly rare?

4. You were impressed at what seemed to you to be a severe postpartum hemorrhage and deeply impressed at how the CNM handled it. It seems not to have occurred to you that the fact that it stopped after only Pitocin or Methergine or Cytotec was not inevitable. A severe postpartum hemorrhage is when it WON'T stop with the use of medications. In severe postpartum hemorrhage the provider has to resort to surgery or interventional radiology or even hysterectomy to stop the bleeding and save the mother's life.

Keeping that in mind, isn't it rather foolish to assume that because medication stopped a moderate hemorrhage with medication, a midwife could easily manage a severe postpartum hemorrhage at home?

5. If you've already learned that inductions can be necessary, isn't it possible that other interventions that you have scorned in the past might also be necessary, too?

6. If an induction can lead to a beautiful birth, why can't a C-section lead to a beautiful birth?

7. Having acquired a tiny amount of experience do you now have greater respect for those who have more experience than you?

And finally:

Gina, has it occurred to you that the main difference between you and me in our approach to birth is NOT our philosophies, but rather our experiences? I have a very different approach to birth because I have a massively greater amount of experience than you. You speak of your own small amount of experience with respect; how about showing a commensurate amount of respect for my and my colleagues vastly more extensive experience?

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